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(Re	equestor's Name)	
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COVER LETTER

TO:

Amendment Section
Division of Corporations

SUBJECT: HIDDEN GROVE COURT HOMEOWNERS' ASSOCIATION, INC.

Name of Corporation

DOCUMENT NUMBER: N38057

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Joseph R. Cianfrone, P.A.

Firm/Company

1964 Bayshore Boulevard, Suite A

Address

Dunedin, Florida 34698

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel J. Greenberg, Esq.

..727 \..738-1100

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted fo	ns 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this r a corporation organized under the laws of the State of Florida
	stered office or registered agent, or both, in the State of Florida.
1. The name of the corporation:	dden Grove Court Homeowners' Association, Inc.
2. The principal office address: 21	61 Wilson Court, Palm Harbor, Florida 34684-3946
3. The mailing address (if different	2761 Wilson Court, Palm Harbor, Florida 34684-3946
4. Date of incorporation/qualificati	on: 05/07/1990
5. The name and street address of t Florida Department of State: (If	
Illg, Jillian	*
2761 Wilson	Court 23694
Palm Harbor	, Florida 34684
6. The name and street address of t (if changed):	he new registered agent (if changed) and /or registered office
Joseph R. C	anfrone, P.A.
1964 Baysho	ore Boulevard, Suite A
Dunadia Ela	P.O. Box NOT acceptable
Dunedin, Flo	nda 34696
The street address of its registered as changed will be identical.	d office and the street address of the business office of its registered agent,
Such change was authorized by reauthorized by the board, or the co	solution duly adopted by its board of directors or by an officer so reporation has been notified in writing of the change.
Mortin a Malan Signature of an officer or director	Partin A. Wolan Prasident Printed or typed name and title
I further agree to comply with the performance of my duties, and I agent. Or, if this document is bei	is registered agent and agree to act in this capacity. It provisions of all statutes relative to the proper and complete It im familiar with and accept the obligation of my position as registered It is not marely to reflect a change in the registered office address, I It is not the market market in writing of this change.
Signature of Registered Age	-7/81/14 Date
If signing on behalf of an entity:	
Daniel J. Greenber Typed or Printed Name	9

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *